

2014

SUMMARY OF BENEFITS

First Health® Part D Prescription Drug Plan (PDP)

Kansas State Employee Health Plan

S5670



Section I – Introduction To Summary of Benefits

First Health Part D (PDP) – S5670

Kansas State Employee Health Plan

January 1, 2014 – December 31, 2014

Thank you for your interest in First Health Part D (PDP). Our plan is offered by Coventry Health and Life Insurance Company which is also called First Health Part D, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call First Health Part D (PDP) and ask for the "Evidence of Coverage".

WHERE IS FIRST HEALTH PART D (PDP) AVAILABLE?

The service area for this plan includes all 50 states. You must live in one of these states to join this plan.

WHO IS ELIGIBLE TO JOIN?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. You must meet the eligibility requirements of your employer group.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private Fee-for-Service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

WHERE CAN I GET MY PRESCRIPTIONS?

First Health Part D (PDP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at <http://www.PharmacyLocator.coventry-medicare.com>. Our customer service number is listed at the end of this introduction.

WHAT IF MY DOCTOR PRESCRIBES LESS THAN A MONTH'S SUPPLY?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand and generic drugs. Dispensing fewer drugs at time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copay (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copay for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

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DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

First Health Part D (PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies associated with the delivery of insulin that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

First Health Part D (PDP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join First Health Part D (PDP). Get this information before you decide to enroll in this plan.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see <http://www.medicare.gov> 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Prescription Drug Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with the Medicare Prescription Drug Plan Program. A plan may

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continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of First Health Part D (PDP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact First Health Part D (PDP) for more details.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on <http://www.medicare.gov> and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call First Health Part D (PDP) for more information about First Health Part D (PDP).

Customer Service Hours for October 1 – February 14:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Open 24 Hours
Local

Customer Service Hours for February 15 – September 30:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Open 24 Hours
Local

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Current members should call toll-free 1-866-308-7548. (TTY/TDD 711)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit <http://www.medicare.gov> on the web.

This document may be available in other formats such as Braille, large print or other alternative formats.

This document may be available in a non-English language. For additional information, call Customer Service at the phone number listed above.

Este documento puede estar disponible en otros idiomas. Para más información llame al número de teléfono de Servicio al cliente que se indicó anteriormente.

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If you have any questions about this plan's benefits or costs, please contact First Health Part D for details.

Benefit	Original Medicare	First Health Part D (PDP)
PRESCRIPTION DRUG BENEFITS		
Outpatient Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>\$168.00 monthly premium</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>

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PRESCRIPTION DRUG BENEFITS		
		<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from First Health Part D (PDP) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed in your plan's formulary as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and First Health Part D (PDP) approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost sharing for that drug.</p>
		<p>IN-NETWORK \$0 deductible.</p> <p>Supplemental drugs don't count toward your out-of-pocket drug costs.</p>
		<p>INITIAL COVERAGE You pay the following until total yearly drug costs reach \$2,850:</p>

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PRESCRIPTION DRUG BENEFITS		
		<p>RETAIL PHARMACY</p> <p>Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none">• 25% co-insurance for a one-month (30-day) supply of drugs in this tier with \$30.00 max.• 25% co-insurance for a two-month (60-day) supply of drugs in this tier with \$30.00 max.• 25% co-insurance for a three-month (90-day) supply of drugs in this tier with \$45.00 max. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none">• 25% co-insurance for a one-month (30-day) supply of drugs in this tier with \$30.00 max.• 25% co-insurance for a two-month (60-day) supply of drugs in this tier with \$30.00 max.• 25% co-insurance for a three-month (90-day) supply of drugs in this tier with \$45.00 max. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none">• 25% co-insurance for a one-month (30-day) supply of drugs in this tier with \$100.00 max.

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		<ul style="list-style-type: none">• 25% co-insurance for a two-month (60-day) supply of drugs in this tier with \$100.00 max.• 25% co-insurance for a three-month (90-day) supply of drugs in this tier with \$150.00 max. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none">• 50% co-insurance for a one-month (30-day) supply of drugs in this tier with \$150.00 max.• 50% co-insurance for a two-month (60-day) supply of drugs in this tier with \$150.00 max.• 50% co-insurance for a three-month (90-day) supply of drugs in this tier with \$225.00 max. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none">• 33% co-insurance for a one-month (30-day) supply of drugs in this tier with \$100.00 max.

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		<p>LONG TERM CARE PHARMACY Long term care pharmacies must dispense brand name drugs in amounts less than a 14 days supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • 25% co-insurance for a one-month (31-day) supply of drugs in this tier with \$30.00 max. <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> • 25% co-insurance for a one-month (31-day) supply of drugs in this tier with \$30.00 max. <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • 25% co-insurance for a one-month (31-day) supply of drugs in this tier with \$100.00 max. <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • 50% co-insurance for a one-month (31-day) supply of drugs in this tier with \$150.00 max. <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 33% co-insurance for a one-month (31-day) supply of drugs in this tier with \$100.00 max.

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		<p>MAIL ORDER</p> <p>Contact your plan if you have any questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none">• 25% co-insurance for a one-month (30-day) supply of drugs in this tier with \$30.00 max.• 25% co-insurance for a two-month (60-day) supply of drugs in this tier with \$30.00 max.• 25% co-insurance for a three-month (90-day) supply of drugs in this tier with \$45.00 max. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none">• 25% co-insurance for a one-month (30-day) supply of drugs in this tier with \$30.00 max.• 25% co-insurance for a two-month (60-day) supply of drugs in this tier with \$30.00 max.• 25% co-insurance for a three-month (90-day) supply of drugs in this tier with \$45.00 max. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>

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		<p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none">• 25% co-insurance for a one-month (30-day) supply of drugs in this tier with \$100.00 max.• 25% co-insurance for a two-month (60-day) supply of drugs in this tier with \$100.00 max.• 25% co-insurance for a three-month (90-day) supply of drugs in this tier with \$150.00 max. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none">• 50% co-insurance for a one-month (30-day) supply of drugs in this tier with \$150.00 max.• 50% co-insurance for a two-month (60-day) supply of drugs in this tier with \$150.00 max.• 50% co-insurance for a three-month (90-day) supply of drugs in this tier with \$225.00 max. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
		<p>COVERAGE GAP</p> <p>After your total yearly drug costs reach \$2,850, you receive coverage by the plan as indicated below. You will also receive a discount on brand name drugs and generally pay no more than 47.5% for the plan's costs for brand drugs and 72% of the plan's costs for generic drugs, until your yearly out-of-pocket drug costs reach \$4,550.</p>

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		<p>ADDITIONAL COVERAGE GAP</p> <p>The plan covers all tiers through the coverage gap.</p> <p>The plan offers additional coverage in the gap for the following tiers.</p> <p>You pay the following:</p> <p>RETAIL PHARMACY</p> <p>Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none">• 25% co-insurance for a one-month (30-day) supply of drugs covered in this tier with \$30.00 max.• 25% co-insurance for a two-month (60-day) supply of drugs in this tier with \$30.00 max.• 25% co-insurance for a three-month (90-day) supply of drugs covered in this tier with \$45.00 max. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none">• 25% co-insurance for a one-month (30-day) supply of drugs covered in this tier with \$30.00 max.• 25% co-insurance for a two-month (60-day) supply of drugs in this tier with \$30.00 max.• 25% co-insurance for a three-month (90-day) supply of drugs covered in this tier with \$45.00 max.

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		<p>LONG TERM CARE PHARMACY Long term care pharmacies must dispense brand name drugs in amounts less than a 14 days supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none">• 25% co-insurance for a one-month (31-day) supply of drugs covered in this tier with \$30.00 max. <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none">• 25% co-insurance for a one-month (31-day) supply of drugs covered in this tier with \$30.00 max. <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none">• 25% co-insurance for a one-month (31-day) supply of drugs covered in this tier with \$100.00 max. <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none">• 50% co-insurance for a one-month (31-day) supply of drugs covered in this tier with \$150.00 max. <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none">• 33% co-insurance for a one-month (31-day) supply of drugs covered in this tier with \$100.00 max.

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		<p>MAIL ORDER PHARMACY</p> <p>Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none">• 25% co-insurance for a one-month (30-day) supply of drugs in this tier with \$30.00 max.• 25% co-insurance for a two-month (60-day) supply of drugs in this tier with \$30.00 max.• 25% co-insurance for a three-month (90-day) supply of drugs covered in this tier with \$45.00 max. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none">• 25% co-insurance for a one-month (30-day) supply of drugs in this tier with \$30.00 max.• 25% co-insurance for a two-month (60-day) supply of drugs in this tier with \$30.00 max.• 25% co-insurance for a three-month (90-day) supply of drugs covered in this tier with \$45.00 max. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none">• 25% co-insurance for a one-month (30-day) supply of drugs in this tier with \$100.00 max.• 25% co-insurance for a two-month (60-day) supply of drugs in this tier with

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		<p>CATASTROPHIC COVERAGE</p> <p>After your yearly out-of-pocket drug costs reach \$ 4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$ 2.55 copay for generic (including brand drugs treated as generic) and a \$ 6.35 copay for all other drugs, or - 5% coinsurance.

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PRESCRIPTION DRUG BENEFITS		
		<p>OUT-OF-NETWORK</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from First Health Part D (PDP).</p>
		<p>You can get out-of-network drugs the following way:</p> <p>OUT-OF-NETWORK INITIAL COVERAGE</p> <p>You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,850:</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • 25% co-insurance for a one-month (30-day) supply of drugs in this tier with \$30.00 max. <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> • 25% co-insurance for a one-month (30-day) supply of drugs in this tier with \$30.00 max. <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • 25% co-insurance for a one-month (30-day) supply of drugs in this tier with \$100.00 max. <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • 50% co-insurance for a one-month (30-day) supply of drugs in this tier with \$150.00 max.

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Benefit	Original Medicare	First Health Part D (PDP)
PRESCRIPTION DRUG BENEFITS		
		<p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> 33% co-insurance for a one-month (30-day) supply of drugs in this tier with \$100.00 max. <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>
		<p>OUT-OF-NETWORK COVERAGE GAP</p> <p>You will be reimbursed up to 28% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>You will be reimbursed up to 52.5% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p>
		<p>ADDITIONAL OUT-OF-NETWORK COVERAGE GAP</p> <p>You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following:</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> 25% co-insurance for a one-month (30-day) supply of drugs covered in this tier with \$30.00 max. <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> 25% co-insurance for a one-month (30-day) supply of drugs covered in this tier with \$30.00 max.

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PRESCRIPTION DRUG BENEFITS		
		<p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none">• 25% co-insurance for a one-month (30-day) supply of drugs covered in this tier with \$100.00 max <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none">• 50% co-insurance for a one-month (30-day) supply of drugs covered in this tier with \$150.00 max <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none">• 33% co-insurance for a one-month (30-day) supply of drugs covered in this tier with \$100.00 max.
		<p>OUT-OF-NETWORK CATASTROPHIC COVERAGE</p> <p>After your yearly out-of-pocket drug costs reach \$ 4,550, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none">- \$ 2.55 copay for generic (including brand drugs treated as generic) and a \$ 6.35 copay for all other drugs, or- 5% coinsurance. <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>

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BENEFITS

Over-The-Counter Medications (OTCs)

The Over-the-Counter medications we cover as part of Step Therapy are listed below. In order to have them filled at your pharmacy and covered under your pharmacy benefit, these over-the-counter medications require a prescription from your doctor. Your copayment is \$0 for these covered over-the-counter drugs.

Drug Name	Strength	Quantity Limits
Loratadine – Tablets	10 mg	1 per day
Loratadine - Dissolve Tablets	10 mg	1 per day
Loratadine - Syrup	5 mg/ 5 ml	10 ml per day
Loratadine and Pseudoephedrine Sulfate - 12 Hr Tablets	5mg and 120 mg	2 per day
Loratadine and Pseudoephedrine Sulfate – 24 Hr Tablets	10 mg and 240 mg	1 per day
Cetirizine - Tablets	5 mg	1 per day
Cetirizine - Tablets	10 mg	1 per day
Cetirizine - Chewable Tablets	5 mg	1 per day
Cetirizine - Chewable Tablets	10 mg	1 per day
Cetirizine - Syrup	1 mg/1 ml	10 ml per day
Cetirizine HCL and Pseudoephedrine Hydrochloride – 12 Hr Tablets	5 mg and 120 mg	2 per day

Medicare Part D Excluded Drugs

First Health Part D (PDP) covers some excluded Part D drugs. A listing of those drugs is provided below. Quantity and supply limits may apply to the medications on this list. The amount you pay does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). The plan will not make exceptions for any of these drugs above the quantity limit listed below. If you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

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Drug Name	Tier	Strength	Quantity Limit
Folic Acid	1	1 mg	1 per day
Levitra	3	2.5 mg; 5 mg; 10 mg; 20 mg	4 per 30 days
Mephyton	3	5 mg	10 per 30 day
Vitamin D	1	50000 units	None

FORMULARY

First Health Part D (PDP) prescription drug plan uses a drug formulary, which is a list of preferred or recommended drugs that have been selected by our physicians and pharmacists based upon the safety, efficacy and cost of those drugs. The formulary includes FDA-approved brand name and generic drugs.

Quantity and supply limits may apply to the medications on this list. To find the quantity and supply limits, please refer to your Formulary. If you require another copy, please contact Customer Service at the phone numbers listed in Section I of this document. You should bring a copy of the formulary with you to your office visits so your physician can review all the various drugs that are covered.

Special Requirements On Medications You And Your Doctors Should Know About

Some covered drugs may have additional requirements or limits on coverage. You can find out if your drug has any additional requirements or limits by looking in the First Health Part D (PDP) Formulary. These additional requirements or limits may include:

- **Prior Authorization:** You and your physician will need to get approval from First Health Part D (PDP) before you fill your prescriptions. If you don't get approval, First Health Part D (PDP) may not cover the drug.
- **Quantity Limits:** For certain drugs, First Health Part D (PDP) limits the amount of the drug that it will cover. For example, First Health Part D (PDP) provides two inhalers per prescription for ProAir HFA per 30 days. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, First Health Part D (PDP) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, First Health Part D (PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, First Health Part D (PDP) will then cover Drug B.

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After your enrollment in our plan, we suggest you take your Formulary with you during your visits with your doctors. You can share the Formulary with your doctors so they can see what drugs we cover and any additional requirements or limits on those drugs.

Early Refills On Prescriptions – How Often You Can Have a Prescription Refilled

We have guidelines regarding refilling your prescription too early. These guidelines are designed for your safety and to minimize the excessive use, waste and stockpiling of prescription medications. In general, the plan does not cover early refills.

To avoid having a refill delayed, please follow these general guidelines:

- For a 30-day retail prescription, order a refill when you have no more than a seven-day supply left. (For a 30-day mail order prescription, you may order the refill a few days earlier, to ensure you receive the refill before the medication on hand is used.)
- For a 90-day retail or mail order prescription, request the refill when you have no more than a 14-day supply remaining.

If you order a refill at a network pharmacy too soon, you will be asked to wait until the allowable refill date. If you order the refill through our mail order service too soon, the mail-order service may hold the refill until the allowable date.

Drugs Packaged For Extended Day Supplies

Some drugs are pre-packaged to provide greater than a 30-day supply. In certain cases you may be responsible for paying multiple copayments for a single prescription when filling a pre-packaged drug that would normally provide greater than a 30-day supply.

IN-NETWORK PHARMACIES

When you enroll in a First Health Part D (PDP) plan you will have access to more than 65,000 in-network pharmacies nationwide. You must go to certain pharmacies for a very limited number of drugs, such as Home Infusion Drugs due to the special handling requirements of these drugs. You can find a listing of all of our network pharmacies in our First Health Part D (PDP) Pharmacy Directory and through our on-line searchable Pharmacy Locator <http://www.PharmacyLocator.coventry-medicare.com>.

MAIL ORDER SERVICES

If you take the same medication regularly (for more than three months), our convenient mail order service, **Express Scripts-by-Mail**, can help you manage your prescriptions and your health.

With **Express Scripts-By-Mail**, you'll enjoy:

- Up to a 90-day supply of medication of plan approved maintenance medications. Please refer to the formulary for the list of medications that qualify for 90-day fills.
- Free standard shipping on every order
- Fewer trips to the pharmacy
- Toll-free, 24/7 access to specialist pharmacists

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Or if you prefer, you may continue to fill prescriptions for long-term medications at your local in-network pharmacy.

Just as there are specialist doctors who treat specific medical conditions, there are also specialist pharmacists with extensive knowledge and training in specific conditions and the medications used to treat them. As a no-cost enhancement to your mail order benefit, you have 24-hour access to these specialist pharmacists, who can talk with you one-on-one to make sure you're taking the right medications and in the right dosage to treat long-term conditions such as diabetes, asthma or high cholesterol.

When you take advantage of mail-order, each of your prescriptions is reviewed at no cost to you. If there is a potential drug interaction or other safety concern, a specialist pharmacist will call you or your doctor to make sure your medications are working best for you. The specialist pharmacists are also familiar with your plan and can talk with you and your doctor about ways you could save money and still receive effective treatment.

THINGS TO KNOW WHEN YOU FILL YOUR FIRST PRESCRIPTION

Make sure you give your pharmacist your prescription coverage information and tell the pharmacist you are a First Health Part D (PDP) member. You can either present your member ID card or provide the following information to the pharmacist:

- Member Identification Number
- Rx Group Number: CVTYMED, CVTYRTL or CVTYMEB
- PCN: MEDDPRIME
- BIN Number: 610014
- You may also present your Medicare ID number, or Health Insurance Claim Number (HICN) at the participating retail pharmacy to get a prescription.

NOTE: You can also find this information in the Acknowledgement letter that we will send you within 10 calendar days of receiving your Enrollment Form and the Confirmation of Enrollment letter we send you within 10 days of receiving Centers for Medicare & Medicaid Services' (CMS) acceptance of your enrollment.

PLAN RULES TO REMEMBER

1. If you move, you must contact your employer group benefits administrator and notify them of your address change.
2. You must stay continuously enrolled in Medicare A or Medicare B.
3. You must use Network Pharmacies, except in an emergency when you cannot reasonably use a Network Pharmacy.
4. You must tell us if you have any additional drug coverage.
5. If you wish to file a grievance or an appeal, you must do so within specified time periods. Please refer to the information below, to your pre-enrollment kit or to the Plan's Evidence of Coverage for details on how to file an appeal and/or grievance and the timeframes associated with both.

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6. You must never let someone else use your Plan membership card to obtain prescription drug coverage.

YOUR RIGHTS AS A MEMBER

1. We must provide information in a way that works for you (in languages other than English that are spoken in the plan service area, in large print or other alternate formats, etc.)
2. We must treat you with fairness and respect at all times.
3. We must ensure that you get timely access to your covered drugs.
4. We must protect the privacy of your personal health information.
5. We must give you information about the plan, its network of pharmacies and your covered services.
6. We must support your right to make decisions about your care.
7. You have the right to make complaints and to ask us to reconsider decisions we have made.
8. You have the right to get more information about your rights.

YOUR RESPONSIBILITIES AS A MEMBER

1. Get familiar with your covered drugs and the rules you must follow to get these covered drugs.
2. If you have any other prescription drug coverage besides our plan, you are required to tell us.
3. Tell your doctor and pharmacist that you are enrolled in our plan.
4. Help your doctors and other providers help you by giving them information, asking questions and following through on your care.
5. Pay monthly premiums, if applicable.
6. Tell us if you move.
7. Call Customer Service for help if you have questions or concerns.

THINGS TO KNOW ABOUT COMPLAINTS, APPEALS AND GRIEVANCES

Your Right To Make Complaints

As a member of First Health Part D (PDP), you have the right to make a complaint if you have concerns or problems related to your prescription drug coverage. Appeals and grievances are the two different types of complaints you can make.

A **grievance** is a type of complaint you make about us or one of our network pharmacies, including a complaint concerning the quality of your care. This type of complaint does not involve coverage or payment disputes.

For example, you would file a grievance if you have a problem with things such as waiting too long for a prescription to be filled, the way your pharmacist or others behave, not being able to reach someone by phone or not being able to receive the information you need.

An **appeal** is a complaint you make when you want the plan to reconsider and change a decision it made about what prescription drugs are covered for you or what our plan will or will not pay for. To file a standard appeal, send the appeal to us in writing and either mail or fax it to:

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First Health Part D (PDP)

Attention: Appeals and Grievance Department

P.O. Box 7773

London, KY 40742

Fax: 1-800-535-4047

There are two kinds of appeals you can request for Part D Prescription drug benefits:

1. A Fast appeal where the decision is provided within 24 hours because your health requires it. You and your doctor or other prescriber will need to decide if you need a “Fast appeal.”
2. A Standard appeal where the decision is provided within seven days.

MEDICARE PRESCRIPTION DRUG COVERAGE DETERMINATIONS - EXCEPTIONS

Under the Medicare Prescription Drug Program (PDP), a member can request a coverage determination, including a request for a tiering or formulary exception. A request can also be made on behalf of the member by their appointed representative or by the member’s prescribing physician.

There are two kinds of Coverage Determinations a member can request:

1. An expedited (or “Fast”) request decision is made 24 hours because your health requires it. You and your doctor or other prescriber will need to decide if you need to file a “Fast” request.
2. A standard coverage determination decision is made within 72 hours of the request.

A request for a fast coverage determination or exception can be made by calling 1-800-551-2694 (TTY/TDD 711 Telecommunications Relay Services), or faxing a written request to 1-800-639-9158.

A request for a “standard” coverage determination or exception may be made by your prescribing physician calling 1-800-551-2694 (TTY/TDD 711 Telecommunications Relay Services), or can be made in writing and either mailed or faxed to:

First Health Part D (PDP)

Attention: Coverage Determinations

P.O. Box 7773

London, KY 40742

Fax: 1-800-535-4047

How Can I Request An Exception To The Formulary?

You can ask us to waive coverage restrictions or limits on your drug or you can ask us to provide a higher level of coverage for your drug.

Please refer to your Evidence of Coverage for detailed information about complaints, grievances and appeals. If you have questions, please call Customer Service at 1-866-308-7548 (TTY/TDD: 711 Telecommunications Relay Services), 24 hours a day, seven (7) days a week.

Contact Us At

1-866-308-7548

**TTY/TDD – 711 Telecommunications Relay Services
24 hours a day, seven days a week**

**First Health Part D (PDP)
P.O. Box 7763
London, KY 40742-9831**